	-	Substitut	FEE DETERMINA e for Form PTO-875	ATION RECORD	Vunless it displays Application	a valid OMB control imber.
•	CLAIMS AS FILED - PART I				10	821,563
•	FOR	(Cojumu 1)	(Column 2)	SMALL ENTITY	OR .	OTHER THAN
•	8ASIC FEE (37. CFR 1.16(a))	NUMBER FILED	NUMBER EXTRA			SMALL ENTIT
٠.	TOTAL C'AIMS (37 OFR 1:16(c))	· · · · · · · · · · · · · · · · · · ·		RATE FEE	- -	RATE · FE
	INDEPENDENT CLAIMS	minus 20 =	-	x s 25 =	OR OR	s 50.
	MULTIPLE DEPENDENT CLAIM PRESENT . (37 CFR 1 16(4))			x <u>s 100</u> .	OR X	200
	(17 CFR 1.16(d)) (If the difference in column 1 is less than zero, enter "0" in column 2.			+ 5.180	<u> </u>	360
	CLAIMS	AS AMENDĘD – P	o in columó s'	TOTAL		TOTAL
	Z G A REM	CLAIMS HIGHEST NUMBER PRESEN			OR OTHER THAN SMALL ENTITY	
	O (31 CFR 1.16(c))	Minus 1	EVIOUSLY EXTRA	RATE ADDI- TIONAL FEE	. R	ATE ADD
ĺ	[]	Minus	3 =	x s 25 = x s 100.	OR XS	50 <u>=</u> F€!
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			100	OR x s 2	000
	· · ·			10TAL ADD'L FEE	OR +s3	
	(Colum	10	olumn 2) (Column 3)		OR ADO'L	FEE
	Z REMAIN	HING HIGH	MBER PRESENT	RATE ADDI-		
	Total Origin (.16cal Origin Alegal Origin (.16cal Origin Alegal Origin (.16cal Origin Alegal Origin (.16cal Origin Alegal	. Minus	D FOR .	TIONAL	RAT	TIONAL
	OI CHR 1.16(b)	'Minus ···	=	× s 100=	OR x 550	Z= FEE
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+s180=	OR x 5.20	O_
ľ				TOTAL ADO'L FEE	OR + 360	Q.
H	(Column	(Column 1) (Column 2) (Column 3)			OR ADD'L FE	≣€ .
1 1	CLAIM: REMAINII AFTER	AG HIGH	BER PRESENT	RATE ADDI-		
	Total Total Or CFR 1.46(cil) Independent Or CFR 1.46(cil) Total Or CFR 1.46(cil) Total Or CFR 1.46(cil)	Minus -	FOR EXTRA	TIONAL	RATE	ADDI- TIONAL
ŭ	Independent (17 OFR 1.16(b))	Minus		x s 25 =	OR XS50	FEE
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			x s 100	OR x 5 200	
				+ s 180=	DR + 360	
"If the "Highest Hum." ADD"L FEE						
If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.						

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 17 CFR 1.14. This collection is estimated to take 12 minutes to on the amount of time you require to complete dapplication form to the USPTO. Time will vary depending upon the individual case, Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS